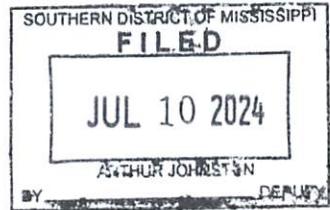


## UNITED STATES DISTRICT COURT

for the

Southern District of MississippiJackson Division) Case No. 3:24-cv-398-CWR-ASH

) (to be filled in by the Clerk's Office)

Daccion Tarrin Pao se

## Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-  
 Attorney General's office  
 John Doe, Security officer  
 Jane Doe, Desk clerk  
Mike Zimmerman

## Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

) Jury Trial: (check one)  Yes  No

## COMPLAINT FOR A CIVIL CASE

## I. The Parties to This Complaint

## A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Daccion Tarrin

Street Address

201 Holland ave

City and County

Jackson, Hinds

State and Zip Code

Mississippi, 39209

Telephone Number

769-278-9934

E-mail Address

daccion@royalpath.life

## B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

## Defendant No. 1

Name  
 Job or Title (if known)  
 Street Address  
 City and County  
 State and Zip Code  
 Telephone Number  
 E-mail Address (if known)

Attorney General's office  
550 High street  
Jackson, Hinds  
Mississippi, 39205  
601 359-3680

## Defendant No. 2

Name  
 Job or Title (if known)  
 Street Address  
 City and County  
 State and Zip Code  
 Telephone Number  
 E-mail Address (if known)

John Doe  
Security officer  
550 High street  
Jackson, Hinds  
Mississippi, 39205  
601 359-3680

## Defendant No. 3

Name  
 Job or Title (if known)  
 Street Address  
 City and County  
 State and Zip Code  
 Telephone Number  
 E-mail Address (if known)

Jane Doe  
Desk clerk  
550 High street  
Jackson, Hinds  
Mississippi, 39205

## Defendant No. 4

Name  
 Job or Title (if known)  
 Street Address  
 City and County  
 State and Zip Code  
 Telephone Number  
 E-mail Address (if known)

Mike Zimmerman  
Capital police Sergeant  
501 north West street  
Jackson, Hinds  
Mississippi, 39201  
601 359-3125

**II. Basis for Jurisdiction**

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? (check all that apply)

Federal question  Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

**A. If the Basis for Jurisdiction Is a Federal Question**

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case. *42 U.S.C. § 1983, Fourteenth Amendment, Title VI of the civil rights Act of 1964, Mississippi code Annotated § 97-3-7*

**B. If the Basis for Jurisdiction Is Diversity of Citizenship****1. The Plaintiff(s)****a. If the plaintiff is an individual**

The plaintiff, (name) \_\_\_\_\_, is a citizen of the State of (name) \_\_\_\_\_.

**b. If the plaintiff is a corporation**

The plaintiff, (name) \_\_\_\_\_, is incorporated under the laws of the State of (name) \_\_\_\_\_, and has its principal place of business in the State of (name) \_\_\_\_\_.

*(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)*

**2. The Defendant(s)****a. If the defendant is an individual**

The defendant, (name) \_\_\_\_\_, is a citizen of the State of (name) \_\_\_\_\_. Or is a citizen of (foreign nation) \_\_\_\_\_.

b. If the defendant is a corporation

The defendant, (name) \_\_\_\_\_, is incorporated under the laws of the State of (name) \_\_\_\_\_, and has its principal place of business in the State of (name) \_\_\_\_\_.  
Or is incorporated under the laws of (foreign nation) \_\_\_\_\_, and has its principal place of business in (name) \_\_\_\_\_.

*(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)*

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):  
\_\_\_\_\_  
\_\_\_\_\_

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III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

See Attachment

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

See Attachment

## Attachment to Statement of claim

Plaintiff: Daccion Tarvin Pro se

Defendants: Attorney Generals office, John Doe,  
Jane Doe, Mike Zimmerman

III. Statement of Claim: On January 23, 2024, at approximately 4:00pm, I, Daccion Tarvin visited the Attorney Generals office at 550 High st, Jackson MS, to arrange my child support obligations. Upon arrival, I requested directions to the restroom from the front desk clerk, Jane Doe, who refused and called the security guard, John Doe. After pleading with John Doe over and over, He reluctantly allowed me to use the restroom. As I expressed my gratitude by saying "Thank you was that so hard" John Doe then charged at me with his fist balled up using racial slurs and threatening physical assault. While on the elevator, as the door was closing, John Doe reopened it entered brandishing his weapon shouting "I can't wait to kill another nigga like you" I immediately called 911 for help. When Capitol police arrived Mike Zimmerman refused to file my report and provide the names of the threatening officer and desk clerk. He then forced me to leave the premises.

## Attachment to statement of claim

Plaintiff: Daccion Tarvin Pro se

Defendants: Attorney General's office, John Doe, Jane Doe, Mike Zimmerman

Right to Access public Services without Discrimination

1. (Title VI of the civil Rights Act of 1964), The refusal by Jane Doe to allow me to use the restroom and the discriminatory treatment I faced from both John and Jane Doe violated my right to access public services without Discrimination.

2. Violation of civil rights under 42 U.S.C § 1983:

on January 23, 2024, at the Attorney General's office at approximately 4:00 pm, I was subjected to racial slurs and physical threats by security officer John Doe. He followed me into the elevator, brandished his weapon, and threatened to kill me during the entire elevator ride, saying, "I can't wait to kill another nigga like you." His action's was committed "under color of state law".

3. Assault under Mississippi state law Code Annotated § 97-3-7

on January 23, 2024 at 4:00 pm John Doe charged at me with his fist balled up, using threatening language, saying "I can't stand niggas like you, I will beat your ass in here". This conduct constitutes assault under mississippi state Law.

Attachment to statement of claim

Plaintiff: Daccion Tarvin Pro se

Defendants: Attorney general's office, John Doe, Jane Doe, Mike Zimmerman

4. Due process under the fourteenth Amendment

Sgt. Mike Zimmerman refusal to file my report was discriminatory and denied me procedural due process, in violation of the equal protection and Due process clauses of the Fourteenth Amendment to the United States Constitution

5. Liability of the Attorney General's office Under 42 U.S.C § 1983

The Attorney General's office is responsible for the actions of its employees, John Doe and Jane Doe, who violated my constitutional rights. The office failed to provide adequate training and supervision to prevent discriminatory harassment and threats. By not ensuring a safe and non-discriminatory environment, the attorney general's office contributed to the violation of my rights.

## Attachment of Relief

Plaintiff: Daccion Tarvin pro se

Defendants: Attorney General's office, John Doe, Jane Doe, Mike Zimmerman

### II Relief

I, Daccion Tarvin, seek the following relief from the court:

1. Compensatory Damages: I request compensatory damages in the amount of \$100,000 for the severe emotional and psychological trauma inflicted by this incident.

These threats to my life not only induce immediate fear and distress but can lead to long term mental health issues like PTSD, anxiety, and depression.

Additionally, this abuse of power by a law enforcement official undermines my sense of safety and trust in the Justice system, further increasing my emotional damage. The compensation sought reflects the profound and enduring impact on my overall well-being, daily functioning, and quality of life.

## Attachment of Relief

2. Punitive Damages: I request punitive damages in an amount to be determined at trial. These damages are sought to punish the defendants for their egregious behavior, including the security guard's threats to kill me and the overall discriminatory harassment I faced, and to deter similar conduct in the future.

3. Injunctive Relief: I request that the court order the Attorney General's office to implement policies and training programs to prevent such incidents from occurring in the future, ensuring that no other individual is subjected to the same treatment. The wrongful actions of the defendants continue to affect my mental health and ability to function in public spaces, making it difficult for me to trust law enforcement and engage in normal activities without fear and anxiety.

**V. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 7/10/24

Signature of Plaintiff

Darren Tarvin

Printed Name of Plaintiff

Darren Tarvin

**B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney

\_\_\_\_\_

Printed Name of Attorney

\_\_\_\_\_

Bar Number

\_\_\_\_\_

Name of Law Firm

\_\_\_\_\_

Street Address

\_\_\_\_\_

State and Zip Code

\_\_\_\_\_

Telephone Number

\_\_\_\_\_

E-mail Address

\_\_\_\_\_